

DOCUMENT 00 63 25

SUBSTITUTION REQUEST FORM

To: City Engineer, City of San Bruno
(650) 616-7065

Project: _____

Contractor: _____

Subcontractor/Supplier: _____

Drawing Sheet Reference/Detail No: _____

The undersigned Contractor hereby submits for consideration the following equipment instead of the specified item for the above Project:

<u>Section</u>	<u>Paragraph</u>	<u>Specified Item</u>
_____	_____	_____
_____	_____	_____

Proposed Substitution: _____

The Contractor must include all information required under Section 01 60 00 (Product Requirements).

The undersigned has (a) attached manufacturer's literature, including complete technical data and laboratory test results, if applicable, (b) attached an explanation of why proposed substitution is a true equivalent to specified item, (c) included complete information on changes to Contract Documents that the proposed substitution will require for its proper installation, and (d) filled in the blanks below:

A. Does the substitution affect dimensions shown on Drawings?

B. Are the manufacturer's guarantees and warranties on the proposed substitution items identical to those on the specified items? If there are differences, please specify each and every difference in detail.

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C. What effect does the substitution have on other contractors, trades, or suppliers?

D. What are the differences between the proposed substitution and the specified item?
If proposed substitution has a color or pattern, provide a color board showing
proposed substitution in relation to the other adjacent colors and patterns.

E. Will granting the requested substitution cause any schedule delay? (If yes, please
explain)

Submitted by:

The undersigned Contractor certifies that the function, appearance, and quality of the
proposed substitution are equivalent or superior to those of the specified item.

For Use by City:

Contractor

____ Accepted ____ Accepted as Noted

Signature

____ Not Accepted ____ Received Too Late

Name

By: _____
City's Representative

Address

Date: _____

Remarks: _____

City/State/Zip

Telephone: _____

Date: _____

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